

PATENT

Attorney's Docket No. F-5490 CIP 1



COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (*check one applicable item below*)

original
 design
 supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

divisional
 continuation
 continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION
**BLOOD SEPARATION SYSTEMS AND METHODS WITH UMBILICUS-DRIVEN
BLOOD SEPARATION CHAMBERS**

SPECIFICATION IDENTIFICATION

the specification of which: (*complete (a), (b) or (c)*)

(a) is attached hereto.
(b) was filed on 13 October 2001 as Serial No. 09/976,830
or Express Mail No., as Serial No. not yet known _____
and was amended on _____ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

(c) was described and claimed in PCT International Application No. _____ filed on _____ and
as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following item, if desired)

[] In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) [x] no such applications have been filed.

(e) [] such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN
12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS
APPLICATION AND ANY PRIORITY CLAIMS UNDER
35 U.S.C. S 119

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUM- BER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			[] YES NO []
			[] YES NO []
			[] YES NO []
			[] YES NO []
			[] YES NO []

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR C/P APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*List name and registration number*)

Daniel D. Ryan (29,243)
John M. Manion (38,957)
Patricia Jones (46,318)
Daniel R. Johnson (46,204)
Michael C. Mayo (38,545)

Allan O. Maki (20,623)
Joseph A. Kromholz (34,204)
Laura A. Dable (46,436)
Bradford R.L. Price (29,101)

(check the following item, if applicable)

Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

BAXTER HEALTHCARE CORPORATION
Bradford R.L. Price, Fenwal Division RLP-30
Route 120 and Wilson Road
Round Lake, Illinois 60073

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

Bradford R.L. Price
(847) 270 - 2632

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

<u>SANJAY</u> (GIVEN NAME)	<u>Scoville</u> (MIDDLE INITIAL OR NAME)	<u>ODAK</u> FAMILY (OR LAST NAME)
Inventor's signature		
Date <u>2/14/02</u>	Country of Citizenship <u>IN</u>	
Residence	<u>GRASLAKE, ILLINOIS</u>	
Post Office Address	<u>318 DORCHESTER LANE</u>	
	<u>GRASLAKE, ILLINOIS 60030</u>	

Full name of second joint inventor, if any

<u>MICHAEL</u> (GIVEN NAME)	<u>Michael Rast</u> (MIDDLE INITIAL OR NAME)	<u>KAST</u> FAMILY (OR LAST NAME)
Inventor's signature		
Date <u>1/24/02</u>	Country of Citizenship <u>US</u>	
Residence	<u>EVANSTON, ILLINOIS</u>	
Post Office Address	<u>1152 ASHLAND AVENUE</u>	
	<u>EVANSTON, ILLINOIS 60202</u>	

Full name of third joint inventor, if any

<u>VAUGHN</u> (GIVEN NAME)	<u>E.</u> (MIDDLE INITIAL OR NAME)	<u>RICE</u> FAMILY (OR LAST NAME)
Inventor's signature <u>Vaughn E. Rice</u>		
Date <u>1-22-02</u>	Country of Citizenship <u>US</u>	
Residence	<u>ROUND LAKE BEACH, ILLINOIS</u>	
Post Office Address	<u>820 MAYFIELD DRIVE</u>	
	<u>ROUND LAKE BEACH, ILLINOIS 60073</u>	

Full name of fourth joint inventor, if any

<u>TOM</u> (GIVEN NAME)	<u>Tom</u> (MIDDLE INITIAL OR NAME)	<u>WESTBERG</u> FAMILY (OR LAST NAME)
Inventor's signature		
Date <u>12/11/01</u>	Country of Citizenship <u>FI</u>	
Residence	<u>GURNEE, ILLINOIS</u>	
Post Office Address	<u>17820 POND RIDGE CIRCLE</u>	
	<u>GURNEE, ILLINOIS 60031</u>	

Full name of fifth joint inventor, if any

<u>KELLY</u> (GIVEN NAME)	<u>B.</u> (MIDDLE INITIAL OR NAME)	<u>SMITH</u> FAMILY (OR LAST NAME)
Inventor's signature <u>Kelly B. Smith</u>		
Date <u>1-24-02</u>	Country of Citizenship <u>US</u>	
Residence	<u>GURNEE, ILLINOIS</u>	
Post Office Address	<u>506 CRYSTAL PLACE</u>	
	<u>GURNEE, ILLINOIS 60031</u>	

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION

[x] Signature for sixth and subsequent joint inventors. Number of pages added 1

* * *

[] Signature by administrator(trix), executor(trix) or legal representative for deceased or
incapacitated inventor. Number of pages added _____

* * *

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37
CFR 1.47. Number of pages added _____

* * *

[x] Added pages to combined declaration and power of attorney for divisional, continuation, or
continuation-in-part (CIP) application.

[x] Number of pages added 2

* * *

[] Authorization of attorney(s) to accept and follow instructions from representative

* * *

*(If no further pages form a part of this declaration then end this declaration with this page
and check the following item.)*

[] This declaration ends with this page

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sixth joint inventor, if any

MICHEL (GIVEN NAME)	MIDDLE INITIAL OR NAME	JOIE FAMILY (OR LAST NAME)
Inventor's signature	[Signature]	
Date 10-10-1981	Country of Citizenship BE	
Residence ERNAGE, BELGIUM		
Post Office Address 13 RUE CAMILLE CALS ERNAGE, BELGIUM B-5030		

Full name of seventh joint inventor, if any

MARK (GIVEN NAME)	MIDDLE INITIAL OR NAME	VANDLIK FAMILY (OR LAST NAME)
Inventor's signature	[Signature]	
Date	Country of Citizenship	
Residence		
Post Office Address		

Full name of eighth joint inventor, if any

(GIVEN NAME)	MIDDLE INITIAL OR NAME	FAMILY (OR LAST NAME)
Inventor's signature	[Signature]	
Date	Country of Citizenship	
Residence		
Post Office Address		

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sixth joint inventor, if any

<u>MICHEL</u> (GIVEN NAME)	<u></u> (MIDDLE INITIAL OR NAME)	<u>JOIE</u> FAMILY (OR LAST NAME)
Inventor's signature _____	_____	
Date _____	Country of Citizenship	BE
Residence _____	ERNAGE, BELGIUM	
Post Office Address _____	13 RUE CAMILLE CALS	
ERNAGE, BELGIUM B-5030		

Full name of seventh joint inventor, if any

<u>MARK</u> (GIVEN NAME)	<u>R</u> (MIDDLE INITIAL OR NAME)	<u>VANDLIK</u> FAMILY (OR LAST NAME)
Inventor's signature <u>MARK VANDLIK</u>	_____	
Date <u>1963</u>	Country of Citizenship	<u>STATE</u>
Residence <u>4-55 Province Line</u>	<u>Province L. Cours</u>	
Post Office Address _____	_____	

Full name of eighth joint inventor, if any

<u></u> (GIVEN NAME)	<u></u> (MIDDLE INITIAL OR NAME)	<u></u> FAMILY (OR LAST NAME)
Inventor's signature _____	_____	
Date _____	Country of Citizenship	_____
Residence _____	_____	
Post Office Address _____	_____	

DO NOT ERASE OR FOLD THIS PAGE

COPY OF PAPERS
ORIGINALLY FILED



Attorney's Docket No. F-5490 CIP 1

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY
FOR DIVISIONAL, CONTINUATION OR C-I-P APPLICATION**

(complete this part only if this is a divisional, continuation or C-I-P application)

CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S) UNDER 35 U.S.C. 120

I hereby claim the benefit under Title 35, United States Code, S 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, S 112, I acknowledge the duty to disclose information that is material to the examination of this application, namely, information where there is substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS
DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC 120:**

		Status (CHECK ONE)		
U.S. APPLICATIONS	U.S. FILING DATE	Patented	Pending	Abandoned
1. 09 / 976,830	13 OCTOBER 2001		X	
2. 0 /				
3. 0 /				

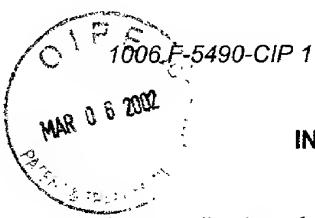
PCT APPLICATIONS DESIGNATING THE U.S.

PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NOS. ASSIGNED (if any)
4. _____		
5. _____		
6. _____		

35 USC 119 PRIORITY CLAIM, IF ANY, FOR ABOVE LISTED U.S./PCT APPLICATIONS

**DETAILS OF FOREIGN APPLICATION FROM WHICH PRIORITY APPLICATION
CLAIMED UNDER 35 USC 119**

Above Appn. No.	Country	Application No.	Date of filing (day, month, year)	Date of issue (day, month, year)
1.				
2.				
3.				
4.				
5.				
6.				



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Odak et al.

Group No.: 1723

Serial No.: 09/976,830

Examiner: Unknown

Filed: 13 October 2001

For: Blood Separation Systems and Methods with Umbilicus-Driven Blood Separation Chambers

Commissioner of Patents and Trademarks
Washington, D.C. 20231

**STATEMENT BY ATTORNEY THAT APPLICATION FILED IN PTO IS THE
ONE INVENTOR(S) EXECUTED BY SIGNING DECLARATION**

I, Daniel D. Ryan, Registration No. 29,243, of RYAN KROMHOLZ & MANION, S.C., P.O. Box 26618, Milwaukee, Wisconsin 53226-0618, {(262) 783-1300} state I am an attorney for this application and the application identified above is the application which the inventor(s) executed by signing the declaration which is being submitted herewith.

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Date 25 February 2002

By _____

Mary Szolar
(Typed Name of Person Signing Paper)